



DE LA SALLE
MEDICAL AND HEALTH SCIENCES INSTITUTE

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OFFICE OF THE
VICE CHANCELLOR
 FOR ACADEMICS

OVCA FORM 132: CLINICAL ROTATION PLAN / CLINICAL SCHEDULE / PROOF OF STUDENT DEPLOYMENT

COLLEGE / PROGRAM: _____
SEMESTER, SY _____

Name of Students / Interns	Area/s of Exposure	Date/s of Exposure	Faculty / Clinical Instructor / Preceptor Assigned

Prepared:

Approved:

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